

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In re: * Case No. 14-58425

Yona Washington

* Judge: HOFFMAN

Debtor(s) * CH 13

**AMENDMENT TO PETITION, SCHEDULES, CREDITOR MATRIX AND/OR
STATEMENT OF AFFAIRS PURSUANT TO BANKRUPTCY RULE 1009**

The attachments hereto amend the following:

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

☐ G ☐ H ☒ I ☒ J ☐ Matrix

☐ Other: _____

Debtor(s) represents that the amendments attached contain full and true statements of facts set forth therein, as required by the provisions of Title 11 U.S.C. and Bankruptcy Rules relating to the debtor.

Amended Schedules I and J to reflect debtor's new income and budget.

Debtor(s) certifies under penalty of perjury that the foregoing is true and correct.

/s/ Yona Washington _____
Yona Washington

Fill in this information to identify your case:

Debtor 1 Yona Yvette Jewel WashingtonDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIOCase number 2:14-bk-58425
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
- ☐ Not employed

Occupation

Nursing

Employer's name

Family Focus Home Health LLC

Employer's address

950 Taylor Station Rd.
Ste D
Gahanna, OH 43230

Debtor 2 or non-filing spouse

- ☐ Employed
- ☒ Not employed

How long employed there? 11 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>9,316.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>9,316.00</u>	\$ <u>0.00</u>

Debtor 1 **Yona Yvette Jewel Washington**Case number (if known) **2:14-bk-58425**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 9,316.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 9,316.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 9,316.00 + \$ 0.00	= \$ 9,316.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	9,316.00
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Schedule I and Form 22 do not match because Debtor's rental income decreased 9/2014. Debtor will begin receiving a family contribution in the month of filing. Debtor anticipates an increase in income after month 6 of the plan when she will start working weekends.		

Fill in this information to identify your case:

Debtor 1 Yona Yvette Jewel Washington

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:14-bk-58425
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

10

☐ No
☒ Yes

Son

11

☐ No
☒ Yes

Son

14

☐ No
☒ Yes☐ No
☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 50.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Yona Yvette Jewel Washington**Case number (if known) **2:14-bk-58425**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	350.00
6b. Water, sewer, garbage collection	6b. \$	134.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	108.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	775.00
8. Childcare and children's education costs	8. \$	200.00
9. Clothing, laundry, and dry cleaning	9. \$	173.00
10. Personal care products and services	10. \$	106.00
11. Medical and dental expenses	11. \$	200.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	150.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	542.00
15c. Vehicle insurance	15c. \$	178.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Taxes not withheld by employer	16. \$	2,800.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$	0.00
19. Other payments you make to support others who do not live with you.	\$	0.00
Specify: _____	19.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: Gas / transportation for work	21. +\$	450.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	6,216.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	9,316.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$	6,216.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	3,100.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. None.		
Explain: _____		

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing AMENDMENT TO PETITION, SCHEDULES, CREDITOR MATRIX AND/OR STATEMENT OF AFFAIRS PURSUANT TO BANKRUPTCY RULE 1009 was/were served upon the Trustee and U.S. Trustee electronically and by regular U.S. Mail on May 14, 2015, upon the Client and the creditors or parties of interest listed below.

U.S. Trustee
Faye D English

Creditors/Parties of Interest:

None adversely affected

Date 5/14/2015

/s/ Michael A. Cox (0075218)
Michael A. Cox (0075218)
Guerrieri Cox & Associates
2500 N. High St., Ste. 100
Columbus, Ohio 43202
614.267.2871
Fax to: 614.267.2873
coxecf@columbusdebtrelief.com
Attorney for Debtor(s)